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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/729,507	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 01190.173901US	
<b>APPLICANTS</b> Norman R. McCombs, Tonawanda, NY; Michael R. Valvo, East Aurora, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,913, 12/12/2002 <b>** FOREIGN APPLICATIONS *****</b> NONE					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/15/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 15 / 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 44331					
<b>TITLE</b> Portable hypoxic apparatus					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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